

REQUEST FOR INFORMAL REVIEW

Real Estate Appraisal Division

Date Review Request Received by our office:	By (By (initials):	
REVIEW REQUEST FOR PARCEL NUMBER:			
PROPERTY LOCATION:OWNER OF PROPERTY:	NON-OWNER APPELLANT:		
DAYTIME TELEPHONE NO	DAYTIME TELEPHONE NO. (POWER OF ATTORNEY REQUIRED FOR NON-OWNER REPS. THAT ARE NOT A FULL TIME EMPLOYEE OF THE OWNER OF THE PROPERTY) G.S. 105-311(2) ab		
PLEASE INDICATE WHICH OF THE FOLLOWING APPL	IES TO YOUR PROPERTY (CHECK	ONE OR BOTH):	
THE SUBJECT PROPERTY IS APPRAISED AT MO THE SUBJECT PROPERTY IS NOT EQUALLY AP (Please list)	PPRAISED AS COMPARED WITH SI		
WHAT IS THE PROPERTY OWNER'S OPINION OF VALUE	UE AS OF JANUARY 1, 2024?	\$	
WHAT WAS THE PURCHASE DATE & PRICE (If purchase	ed since 01/01/2020)? Date	\$	
WHEN WERE THE MAJOR STRUCTURES BUILT? (If bui	ilt since 01/01/2020)? Date	\$	
LIST THE COST OF ANY MAJOR REMODELING (If done	e since 01/01/2020).		
Description of work:	Date 	\$ \$	
IF LISTED FOR SALE IN THE LAST TWO (2) YEARS, CO AgentDate(s)List I		Transfer	
UPON WHICH OF THE FOLLOWING DO YOU BASE YO	UR OPINION?		
— Personal Judgment Recent Appraisal Other (explain)		_Rental Data	
BE SURE TO ATTACH <u>COPIES</u> OF INFORMATION SUPP			
Under penalties prescribed by law, I hereby affirm that to the bappeal form, including any accompanying statements and other		iormation submitted on this	
SIGNATURE	DATE	DATE	

Tax Assessor: Post Office Box 43, Greenville NC 27835-0043 Phone: (252) 902-3380 Fax: (252) 830-0753

